

TSD File Inventory Index

US EPA RECORDS CENTER REGION 5



1002123

Date:

6/28/04
3-1-02

Initial:

2/K

Facility Name: <i>C & K Miteo Corporation</i>			
Facility Identification Number: <i>ILD 095 792 859</i>			
A.1 General Correspondence		B.2 Permit Docket (B.1.2)	
A.2 Part A / Interim Status <i>A.2</i>		<i>1</i>	
.1 Correspondence		<i>X</i>	
.2 Notification and Acknowledgment		<i>X</i>	
.3 Part A Application and Amendments		<i>X</i>	
.4 Financial Insurance (Sudden, Non Sudden)			
.5 Change Under Interim Status Requests			
.6 Annual and Biennial Reports			
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment	
.1 Correspondence		.1 RFA Correspondence	
.2 Reports		.2 Background Reports, Supporting Docs and Studies	
A.4 Closure/Post Closure		.3 State Prelim. Investigation Memos	
.1 Correspondence <i>A.4.1 - A.4.2</i>		<i>1</i>	
.2 Closure/Post Closure Plans, Certificates, etc <i>SEE A.4.1</i>			
A.5 Ambient Air Monitoring		.4 RFA Reports <i>D.1.4</i>	
.1 Correspondence <i>A.5.1</i>		<i>1</i>	
.2 Reports		<i>SEE D.2.1</i>	
B.1 Administrative Record <i>B.1</i>		.3 RFI Program Reports and Oversight	
		.4 RFI Draft /Final Report <i>SEE D.2.1</i>	

.5 RFI QAPP		.7 Lab data, Soil Sampling/Groundwater	
.6 RFI QAPP Correspondence		.8 Progress Reports	
.7 Lab Data, Soil-Sampling/Groundwater		D.5 Corrective Action/Enforcement	
.8 RFI Progress Reports		.1 Administrative Record 3008(h) Order	
.9 Interim Measures Correspondence		.2 Other Non-AR Documents	
.10 Interim Measures Workplan and Reports		D.6 Environmental Indicator Determinations	
D.3 Corrective Action/Remediation Study		.1 Forms/Checklists	
.1 CMS Correspondence		E. Boilers and Industrial Furnaces (BIF)	
.2 Interim Measures		.1 Correspondence	
.3 CMS Workplan		.2 Reports	
.4 CMS Draft/Final Report D.3.4	/	F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	
.5 Stabilization		G.1 Risk Assessment	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
D.4 Corrective Action Remediation Implementation		.3 Enforcement Confidential	
.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
.3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI Correspondence		.9 Environmental Justice	

Note: Transmittal Letter to Be Included with Reports.

Comments: 1 Fed. Res. Return April 2003 - See Tased Refining (Wood River)

Please refer to Section V. Line-by-Line instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

PROGRAM MANAGEMENT BRANCH

Date Received
(For Official Use Only)

AUG 25 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. Initial Notification

☐B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

I L D O 9 5 7 9 2 8 5 9

II. Name of Installation (Include company and specific site name)

G O L D S C H M I D T S K W O L E O C H E M I C A L S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

8 3 0 0 W E S T R O U T E 2 4

Street (Continued)

City or Town

M A P L E T O N

State

I L

Zip Code

6 1 5 4 7 - 0 0 0 9

County Code

1 4 3

County Name

P E O R I A

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P O B O X 9

City or Town

M A P L E T O N

State

I L

Zip Code

6 1 5 4 7 - 0 0 0 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

R A O

(First)

S E R I N

Job Title

M G R E N V

Phone Number (Area Code and Number)

3 0 9 - 6 9 7 - 6 2 2 0

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing☐ ☒

B. Street or P.O. Box

P O B O X 9

City or Town

M A P L E T O N

State

I L

Zip Code

6 1 5 4 7 - 0 0 0 9

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

G O L D S C H M I D T S K W O L E O C H E M I C A L S

Street, P.O. Box, or Route Number

P O B O X 1 2 9 9

City or Town

H O P E W E L L

State

V A

Zip Code

2 3 8 6 0 -

Phone Number (Area Code and Number)

8 0 4 - 5 4 1 - 8 6 5 8

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

Month Day Year

0 8 3 1 9 9

143805006

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AUG 20 2000

EPA RECORDS ROOM

U.S. EPA - REGION 5

L L C

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AUG 17 1999

EPA/BOI

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
☒ a. Greater than 1000 kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers

- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable
(D001)☒2. Corrosive
(D002)☒3. Reactive
(D003)☐4. Toxicity
Characteristic☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 8

D 0 0 9

D 0 1 9

D 0 2 2

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
F 0 0 2
7

2
F 0 0 3
8

3
F 0 0 5
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1
U 0 0 9

2
U 1 2 2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Carl D. Lima

Name and Official Title (Type or print)

Carl D. Lima, Plant Manager

Date Signed

8/13/99

XI. Comments

Requesting a new ID number for the facility (oleochemicals and derivatives) which will be owned and operated by Goldschmidt SKW Oleochemicals, LLC

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

CHANGE OF C R/OPERATOR

143805006

Form Approved. OMB No. 2050-0028 Expires 9-30-9
GSA No. 3246-EP4-7

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

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MAY 27 1997

U. S. EPA, REGION V

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

ILD095792859

II. Name of Installation (Include company and specific site name)

WITCO CORPORATION

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street Location update

8300 U. S. ROUTE 24 WEST

Street (Continued)

RECEIVED

MAY 15 1997

City or Town

State

Zip Code

MAPLETON

IL

61547-0009

County Code

County Name

PEORIA

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P. O. BOX 9

City or Town

State

Zip Code

MAPLETON

IL

61547-0009

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

RAO

SERIN

Job Title

Phone Number (Area Code and Number)

ENVIRONMENTAL MGR

309-697-6220

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

☒
☐
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☐
☐
☐

City or Town

State

Zip Code

MAPLETON

IL

61547-0009

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WITCO CORPORATION

Street, P.O. Box, or Route Number

ONE AMERICAN LANE

City or Town

State

Zip Code

GREENWICH

CT

06830

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

203-552-2000

P

P

Yes X No

Month Day Year

04 30 97

RCRIS ENTRY JUL 14 1997

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AUG 04 1997

RCRA RECORDS ROOM

Waste Pesticides & Toxics Division

U.S. EPA - REGION V

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes: Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ ☐ ☒ ☒ D 0 0 9 D 0 2 2 D 0 1 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 2	F 0 0 3	F 0 0 5			
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
U 0 0 9	U 1 2 2	U 0 4 5	U 0 9 2		

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Joseph R. Alli</i>	Name and Official Title (Type or print) Joe Alli/Plant Manager	Date Signed May 12, 1997
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XI. Comments

This document is for name and address change only.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Witco Corporation
Oleo/Surfactants Group
Rt. 24, P.O. Box 9
Mapleton, IL 61547
Ph. (309) 697-6220
Fax (309) 697-9493

CERTIFIED MAIL

May 12, 1997.

Mr. Cory Protolipac
Illinois Environmental Protection Agency
Bureau of Land # 24
P.O. Box 19276
Springfield, IL 62794-9276

RECEIVED

MAY 15 1997

Re: Mapleton Plant Name, Address, and Permit Changes for Witco Corporation.

Dear Cory:

Enclosed please find the revisions for the "Notification of Regulated Waste Activity" (EPA Form 8700-12) for the Mapleton Plant now owned by Witco Corporation.

Our new address should be:

Mailing Address: Witco Corporation
P.O. Box 9
Mapleton, IL 61547

Street Address: Witco Corporation
8300 U.S. Route 24 West
Mapleton, IL 61547

RECEIVED

MAY 26 1997

U. S. EPA, REGION V
SWB—PMS

Please change all reports accordingly.

If you should have any questions, please contact me at 309-697-6220 X 322.

Sincerely,

Serin Rao, P.E.
Manager
Safety, Health, and Environmental Affairs

cc: Joe Alli, Plant Manager
Enclosures:

RECEIVED

AUG 04 1997

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U. S. EPA—REGION 5



A Company Dedicated To Total Quality

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

SEP 27 1993

U.S. EPA REGION IV

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

I L D 0 9 5 7 9 2 8 5 9

II. Name of Installation (Include company and specific site name)

S H E R E X C H E M I C A L C O M P A N Y I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U S R O U T E 2 4 F A C T O R Y R O A D

Street (continued)

City or Town

State

ZIP Code

M A P L E T O N

I L

6 1 5 4 7 - 0 0 0 9

County Code

County Name

P E O R I A

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P . O . B O X 9

City or Town

State

ZIP Code

M A P L E T O N

I L

6 1 5 4 7 - 0 0 0 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

R A O

S E R I N

Job Title

Phone Number (area code and number)

M A N A G E R E N V I R O N 3 0 9 - 6 9 7 - 6 2 2 0

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒

P . O .

B O X 9

City or Town

State

ZIP Code

M A P L E T O N

I L

6 1 5 4 7 - 0 0 0 9

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

S H E R E X C H E M I C A L C O M P A N Y I N C

Street, P.O. Box, or Route Number

5 2 0 M A D I S O N A V E N U E

City or Town

State

ZIP Code

N E W Y O R K

N Y

1 0 0 2 2 - 4 2 3 6

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

2 1 2 - 6 0 5 - 3 8 0 0

☐☐

Yes

No

☐☐☐☐



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

November 10, 1993

SHEREX CHEMICAL CO INC
ATTN:SERIN RAO
PO BOX 9
MAPLETON IL 61547

RE: US EPA ID Number ILD 095 792 859
Location: US RTE 24 FACTORY RD
MAPLETON IL 61547

In response to your correspondence of 10-05-93, the following
information has been updated:

Location of Installation to US RTE 24 FACTORY RD
MAPLETON IL 61547

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File



Printed on Recycled Paper

PAK A File



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• ILD095792859

REACKNOWLEDGEMENT

SHEREX CHEMICAL CO INC
PO BOX 9
MAPLETON

IL 61547

INSTALLATION ADDRESS

DIRECTLY ON ROUTE 24
MAPLETON

IL 61547

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 9	32 U 1 2 2	33 U 1 4 0	34 U 0 4 5	35 U 1 9 0	36 U 2 2 0
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

William R. Starkey

NAME & OFFICIAL TITLE (type or print)

W. R. Starkey
Director of Operations

DATE SIGNED

8/14/80